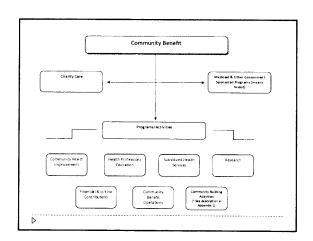
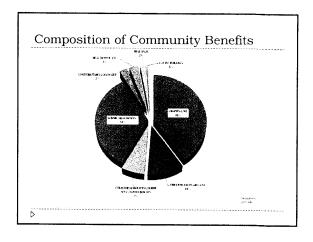
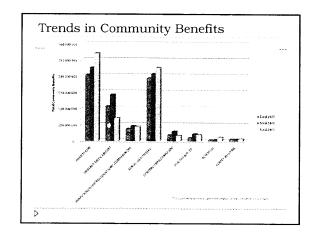
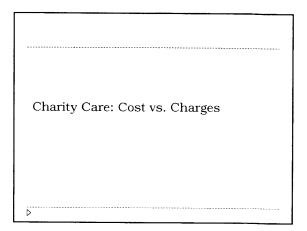


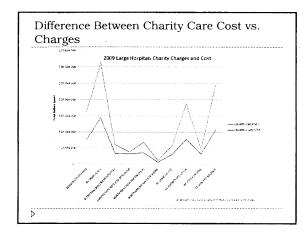
Outline of Topics What are the services non-profit hospitals provide that would justify the tax exemption? • Community Benefits, Charity Care, and Uncompensated Care What is the value of the tax exemption based on these services? • Property Tax, State Income Tax, Value of Tax Exempt Bonds • What is the relationship of hospital foundations to the hospital itself?

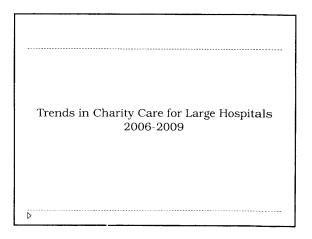


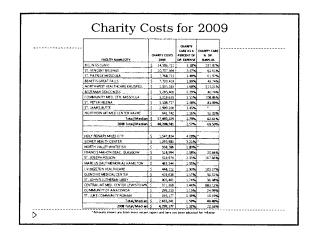


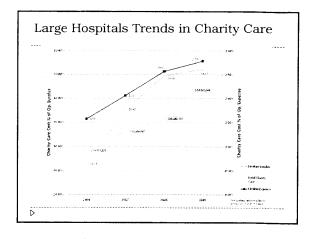


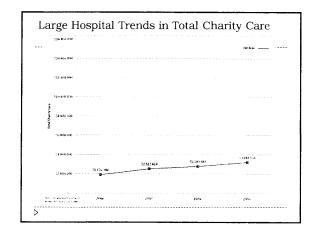


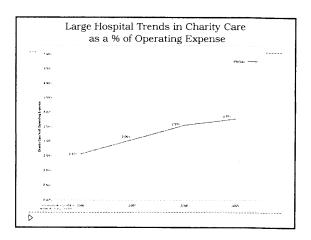






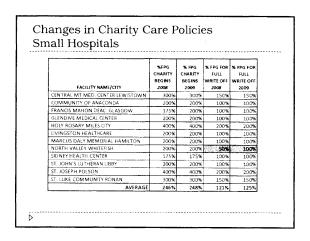


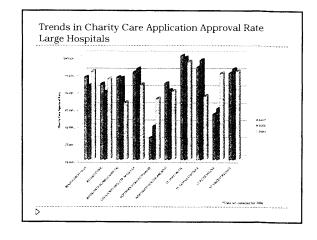




Changes in Charity Care Policies and Approvals
D

FACILITY NAME/CITY	%FPG CHARITY BEGINS 2006	% FPG CHARITY BEGINS 2009	FULL	% FPG FOR FULL WRITE OFF 2009
BENEFIS GREAT FALLS	200%	220%	150%	2207
BILLINGS CLINIC	300%	300%	110%	3009
BOZEMAN DEACONESS	200%	250%	100%	2509
COMMUNITY MED. CTR. MISSOULA	300%	300%	200%	300%
NORTHWEST HEALTHCARE KALISPELL	200%	300%	125%	3009
NORTHERN MT MED CTR HAVRE	200%	200%	100%	2009
ST. JAMES BUTTE	400%	400%	200%	400%
ST. PATRICK MISSOULA	400%	400%	200%	4009
ST. PETER HELENA	200%	250%	125%	2509
ST. VINCENT BILLINGS	400%	400%	200%	400%
AVERAGE	280%	302%	151%	3029





100.		[ferkas ···
150 895		
80.00°,		
400		
Non.		
28.50%		

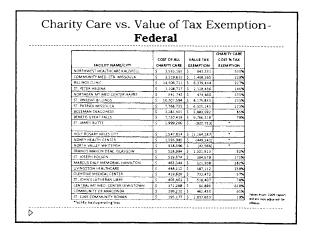
Value of Tax Exemption

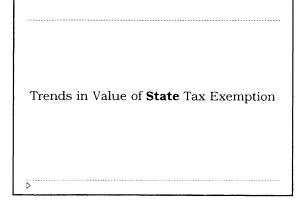
Calculation of Tax Exemption

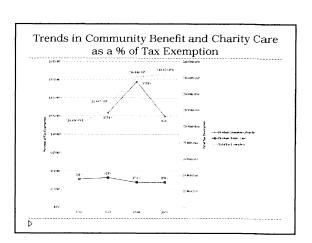
- + Federal Income Tax + State Income Tax + Estimated Property Tax + Tax Exempt Bond Value
- = Value of the Tax Exemption

							=					
FACILITY NAME/ CITY		PERATING INCOME		FEDERAL SCOME TAX		STATE COME TAX		STIMATED PROPERTY		EXEMPT		TAX
BENEFIS GREAT FALLS	5	15.520.482		5 276 964		691 437	4	2.061.878		1.736.039		
BILLINGS CLINIC	15	4,870,174	5	1,655,859	3	216.966	s	2,506,765		1.999.843	Š	6.379.434
BOZEMAN DEACONESS	5	8,065,301		2,742,202	5	359,309	5	38,195	5	743,886	5	3.883.592
COMMUNITY MED. CTR. MISSOULA	5	2,957,589	5	1,005,580	\$	131,761	\$	75,828	\$	195,096	5	1.408 265
NORTHWEST HEALTHCARE KALISPELL	5	1,642,626	5	558,493	5	73,179	5	11,659	5	-	5	643.331
NORTHERN MT MED CTR HAVRE	\$	1,233,346	15	419,338	S	54,946	5	177	5		\$	474.460
ST. JAMES BUTTE	5	(1,408,635)	15	(818,936)	5	(107,305)	5	3,518	5		5	(922.723)
ST PATRICK MISSOULA	5	12,536,520	3	4,262,417	5	558,502	5	757,279	5	741,946	5	6,320,143
ST. PETER HELENA	5	3,791,618	5	1,289,150	\$	168,917	s	26,011	\$	644,358	5	2,128,436
ST, VINCENT BILLINGS	5	17,102,274	5	5,814,773	\$	761,906	\$	1,603,152	5			8,179,831
CENTRAL MT MED. CENTER LEWISTOWN	\$	42,040	5	14,294	5	1,873	5	13,641	5	31,082	5	60,890
COMMUNITY OF ANACONDA	5	1,197,469	5	407,139	\$	53,347	Ś	1,943	5	-	5	462,430
FRANCIS MAHON DEAC, GLASGOW	5	2,538,345	\$	863,037	\$	113,083	5	25,187	\$	20,605	5	1,021,913
GLENDIVE MEDICAL CENTER	5	830,827	\$	282,481	\$	37,013	5	12,499	\$	401,478	\$	733.472
HOLY ROSARY MILES CITY	5	[3,147,463]	5	(1,070,137)	\$	(140,219)	5	46,070	5	-	5	[1,164,287]
LIVINGSTON HEALTHCARE	15	433,915	5	147,531	5	19,331	5	20,250	5	-	5	187,132
MARCUS DALY MEMORIAL HAMILTON	15	(339,574)	5	(115,455)	\$	(15,128)	5	122,333	5	129,558	5	121,308
NORTH VALLEY WHITEFISH	5	(648,566)	5	(220,512)	5	[28,894]	5	206,840	5		5	(42,566)
SIDNEY HEALTH CENTER	5	(2.091,306)	5	(711,044)	\$	(93,168)	5	3,191	5	351,780	5	(449,241)
ST. XOHN'S LUTHERAN LIBBY	\$	1,330,231	5	452,279	5	59,262	5	6,867	5		\$	518,407
ST, JOSEPH POLSON	5	309,953	5	105,384	\$	13,508	5	\$1,010	5	134,476	\$	304,679
ST. LUKE COMMUNITY RONAN	5	1,916,175	5	551,500	\$	85,366	5	9.134	5	291,654	\$	1.037.653

	Federa	u		
 FAGUITY NAME/CITY	COST OF ALL COMMUNITY BENEFIT	VALUE TAX EXEMPTION	COMMUNITY BENEFIT % TAX EXEMPTION	
BILLINGS CUNIC	5 31.215.078	5 6.379.434	4398	
ST. WINCEN'S BEGINGS	5 21,516,451	5 8,179,831	263%	
ST, PATRICK MISSOULA	5 16 016 055	5 6 320 143	2338	
ST. PETER HELENA	5 34,798,815	5 2,328,436	695%	
BENERS GREAT FALLS	5 14,585,942	\$ 9,766,318	150%	
BOZEMAN DEACONESS	5 13,197,706	5 3,843,592	340%	
NORTHWEST HEALTHCARE KAUSPELL	\$ 10,936,577	\$ 643,331	1700%	
COMMUNITY MED. CTR. MISSOULA	5 7,682,379	5 1,408,265	546%	
ST, SAMES BUTTE	5 7,155,891	5 (922,723)		
NORTHERN ME MEDICER HAVRE	5 4,319,796	5 474,460	910%	
TOTAL	5 141,524,190	5 38,261,088	415%	
2008 TOTAL/MEDIAN	\$ 145,483,268	\$ 39,085,091	381%	
SIDNEY HEALTH CENTER	5 4,304,211	\$ [449,241]		
MARCUS DALY MEMORIAL HAMILTON	5 4,217,270	5 121,300	3477%	
HOLY ROSARY MILES CITY	5 3,354,497	5 (1.164,287)		
FRANCIS MAHON DEAC, GLASGOW	5 2,721,922	5 1,021,913	266%	
GLENDINE MEDICAL CENTER	\$ 2,340,977		319%	
COMMUNITY DE ANACONDA	5 2,330,682		504%	
NORTH VALLEY WHITERSH	\$ 1,461,583			
DIVINGSTO N HEALTHCARE	5 543,545		344%	
ST, JOHN'S LUTHERAN LIBBY	\$ 604,146		117%	
ST. XOSEPH POLSON	\$ 554,461		182K	
ST, LUKE COMMUNITY RONAN	\$ 523,806		50%	
CENTRAL MT MED, CENTER LEWISTOWN	5 464,386		763%	
ZOE TOTAL/MEDIAN	\$ 23,521,486 \$ 15,672,834		344% 307%	







Uncompensated Care	Hospital Foundations
	▶ Does any money from the hospital, fund the foundation?
Uncompensated Care =	
(Charity Care + Bad Debt)	
	<u> </u>
V	D

Community Benefit Definitions

Charity Care:

The cost of free or discounted services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity care does not include bad debts or uncollectable charges.

Community Benefit Operations:

The cost of activities associated with community health needs assessments as well as community benefit planning and administration. Community benefit operations also include the organization's activities associated with fundraising or grant-writing for community benefit programs.

Community Building:

These are the costs of activities and programs that address the root causes of health problems such as poverty, homelessness and environmental problems. Examples include housing rehabilitation, economic development projects, community leadership development, and child care for residents with qualified need. *Note that although the IRS does not count community building costs as community benefit, we continue to include them in our analysis of Montana hospitals because these programs address the underpinnings of the health status of the community.

Community Health Improvement Services:

The costs of activities or programs carried out or supported for the express purpose of improving community health that are subsidized by the healthcare organization. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services.

Contributions to Community Groups:

The cost of contributions made by the organization to health care organizations and other community groups restricted to one or more of the community benefit activities.

Health Professional Education:

The cost of educational programs that result in a degree, certificate, or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education or training programs available exclusively to the organization's employees and medical staff or scholarships provide to those individuals.

However, it does include education programs if the primary purpose of such programs is to educate health professionals in the broader community.

Research:

The cost of any study or investigation the goal of which is to generate generalizable knowledge made available to the public such as knowledge about underlying biological mechanisms of health and disease, natural processes, or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes, and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations, including publication in a medical journal. The organization may include the cost of internally funded research it conducts as well as the cost of research it conducts funded by a tax-exempt or government entity.

Subsidized Health Services:

The cost of clinical services provided despite a financial loss to the organization. In order to qualify as a subsidized health service, the organization must provide the service because it meets an identified community need. A service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization.

Unreimbursed Medicaid:

The unpaid costs of Medicaid and other public programs (such as State Health Insurance Program- SCHIP) for low-income persons. This is the loss created when the payments from these programs are less than the costs of caring for beneficiaries of these programs.